

Department for Health and Social Care (DHSC) – Transforming Public Health – AYPH response, April 2021

Section 1: Securing Our Health – Health Security Agency

Q1: What do local public health partners most need from the UKHSA?

Local public health partners need leadership, vision and clear recommendations that can be implemented at the local level.

It is imperative that UKHSA is clearly linked to the Office for Health Promotion in terms of health inequalities as although the domains are described separately within the White Paper, the impacts and mechanisms for both health security and health promotion will be similar in terms of who experiences inequalities and how to combat them. UKHSA should keep health promotion high on their agenda.

UKHSA should ensure that there is good, publicly available data that allows monitoring for all age groups separately.

Q2: How can the UKHSA support its partners to take the most effective action?

UKHSA can support partners by developing a clear understanding of its own role and communicating this with partners who also working in the field. UKHSA could also develop and disseminate best practice amongst partners to support effective action.

Q4: How can UKHSA excel at listening to, understanding and influencing citizens?

UKHSA should develop and foster good methods for engaging with citizens. This should include citizens of all ages, including young people.

Section 2: Improving Our Health - Office for Health Promotion

Q1: Within the structure outlined, how can we best safeguard the independence of scientific advice to Government?

The Department for Health and Social Care should consult learning from the Covid-19 pandemic to guide principles for how best to safeguard the importance of independent scientific advice to Government. Additionally, the Chief Medical Officer's annual report provides a solid evidence-base on the status of the nation's health and health inequalities.

Q3: How can we best strengthen joined-up working across government on the wider determinants of health? (300 words)

We welcome proposals for strengthening action across Government on the wider determinants of health. All Government departments, not only the Office for Health Promotion and the Department of Health and Social Care, must recognise the impact that their policies and interventions have upon the health of individuals and society and specifically upon the health of young people (10-24 years). Adopting a 'health in all policies' approach to decision-making across Government would ensure that meaningful action is taken on addressing the wider determinants of health. We believe that this approach should be expanded to explicitly consider the impact policies have upon young people's health and health inequalities.

We welcome the proposals outlined within the White Paper to establish a cross-government ministerial board on prevention, led by the Chief Medical Officer. The board should be ambitious in its aims and go beyond rhetoric for collaborative working and shared priorities for health, to practical solutions and actions. It should develop a cross-governmental strategy, with commitments for different departments and specified targets to achieve. A key aim for the strategy should be the reduction of health inequalities. The Government should also collect routine data across different departments on the extent to which policies impact upon health and young people's health specifically.

Q4: How can we design or implement these reforms in a way that best ensures prevention continues to be prioritised over time? (300 words)

Prioritisation of prevention requires improving the health of children and young people. The reasons include:

- There are 11.6 million young people aged 10-24 in the UK, forming 20% of the population, and paying attention to them is critical.
- Although this is generally a healthy life stage, it is also a key age for developing health behaviours and for the start of long-term health conditions.
- Young people are likely to experiment with 'risky' health behaviours for the first time during this period, such as alcohol/substance use, smoking, driving and having sex. There should be specific preventative action taken on working with young people to develop positive public health interventions on these topics.
- As an age defined by transitions, it offers unique levers for change. If the opportunities are missed, it is much harder to catch up later.
- Investment in young people maintains and reinforces successful investment in the early years and [reaps rewards for everyone](#).

The prevention agenda must set tackling health inequalities as a key aim. Interventions and support for different groups experiencing health inequalities should be reflexive and proportionate to need. Prevention and public health measures solely aimed at improving the health of all in society will likely not reach those experiencing the poorest health outcomes and could inadvertently widen the health inequality gap.

There must be adequate and appropriate funding for preventative services if they are to be effective. Within NHS Integrated Care Systems, prevention may struggle to be prioritised within Covid-19 recovery plans as there are competing demands to reduce waiting lists for acute care. Therefore, there must be funding across the system to support the prevention agenda.

More information on the health of young people, see: <https://www.youngpeopleshealth.org.uk/key-data-on-young-people>

Section 3: Strengthening Our Local Response

Q1: How can we strengthen the local authority and Director of Public Health role in addressing the full range of issues that affect the health of local populations? (300 words)

Directors of Public Health and local public health teams must be supported with adequate funding in order to address the full range of issues that affect the health of their local populations.

In recent years, there have been cuts to local authority budgets, which affects the extent to which public health teams can provide effective public health services. Disproportionately, [the more deprived local authorities have faced the largest budget cuts](#), further exacerbating health inequalities (Thomas, 2019). There have been reductions in public health spending, including drops of [2.8% in children's services, 5.4% in obesity services and 10.2% in sexual health services since 2016/17](#).

Alongside other organisations, we recommend that the Government restore the £1 billion of real-terms cuts to the public health grant for local authorities. The injection of resourcing to support public health teams during Covid-19 has been welcomed, but future investment should also increase at the same rate as NHS funding and be allocated based on population health needs.

Directors of Public Health should be encouraged to have children and young people's expertise embedded within their local public health teams. This would allow teams to effectively address prevention of ill health among young people at the local level.

More information please see:

<https://www.ippr.org/blog/public-health-cuts>

<https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/spending-public-health>

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About the Association for Young People's Health (AYPH)

The Association for Young People's Health is the UK's leading independent voice for youth health. We work to improve the health and wellbeing of 10-24 year olds. We do this by involving young people in our work and making sure their views are heard, working with healthcare providers to improve services for young people, sharing information, resources and innovations, promoting evidence-based practice, highlighting important data, and increasing communication between practitioners from different sectors. More information can be found on our [website](#).

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